USAID | ZIMBABWE
FROM THE AMERICAN PEOPLE

HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	12.4 million (mid-2008) National Census, 2002 This is what we use and if anything it is lower due to out migration (2002 Census)
Estimated Population Living with HIV/AIDS**	1.7 million [1.1 million-2.2 million] (end 2005)
Adult HIV Prevalence***	18.1% (2005-2006) 2007Ministry of Health 2007
HIV Prevalence in Most-At-Risk Populations**	Female Sex Workers: 57.2% (2005)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	15% (end 2006)

*U.S. Census Bureau **UNAIDS ***2005/06 DHS **** WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

The first reported case of AIDS in Zimbabwe occurred in 1985. By the end of the 1980s, around 10 percent of the adult population was thought to be infected with HIV. This figure rose dramatically in the first half of the 1990s, peaking at more than 36 percent between 1995 and 1997. Since then, HIV prevalence has been declining, making Zimbabwe one of the first African nations to witness such a trend, which reflects very high mortality combined with declining HIV incidence, related in part to behavior change.

In 2007, Ministry of Health (MOH) data indicated that 15.6 percent of the adult population –1.5 million Zimbabweans – were HIV positive (compared with 18.1 percent reported by the 2005–2006 Demographic and Health Survey (DHS) and 1.7 million infected people reported by UNAIDS at the end of 2005). HIV prevalence among pregnant women has declined significantly in the past few years, from 26 percent in 2002 to 18 percent in 2006 in one study of pregnant women attending antenatal clinics, and from 21 to 13 percent over the same period in another report on young (15- to 24-year-old) pregnant women. Surveillance data from several studies suggest a trend of declining prevalence, which has also been observed among both men and women in rural areas. The World Health Organization (WHO) reports that average life expectancy at birth for women in Zimbabwe – 34 years – is now among the lowest in the world; for men, it is estimated to be 37 years. Food shortages, impoverishment, forced removals, and drought have compelled hundreds of thousands of Zimbabweans to migrate in search of livelihood opportunities. The possible effects of these upheavals on HIV transmission trends are not yet apparent, but they could prove to be profound, as could the effects of Zimbabwe's economic crisis on its antiretroviral therapy (ART) program.

The primary mode of HIV transmission in Zimbabwe is heterosexual contact; women are disproportionately affected by the disease. According to UNAIDS estimates, almost 60 percent of Zimbabwean adults living with HIV at the end of 2006 were female. This gender gap is even wider among young people – young women make up around 77 percent of people between the ages of 15 and 24 living with HIV. There is evidence from eastern Zimbabwe that more women and men have been avoiding sex with nonregular partners and that consistent condom use with nonregular partners increased for women (from 26 percent in 1998–2000 to 37 percent in 2001–2003), although not for men.

High-risk groups, including migrant laborers, commercial sex workers, girls involved in intergenerational sexual relationships, discordant couples, and members of the uniformed services, warrant special attention in Zimbabwe's fight against HIV/AIDS. According to the Zimbabwe National AIDS Council (NAC), the following factors contribute to the rapid spread of HIV as well as the sustained high level of HIV/AIDS in the country:

- High prevalence of other sexually transmitted infections
- Low level of male circumcision
- Multiple sexual relationships
- Low condom use plus incorrect or inconsistent use
- Settlement patterns and mobility
- Poverty
- Low socioeconomic status of women

Children in Zimbabwe are affected by the epidemic by contracting the disease from their mothers and by losing a parent to the disease. The number of children under age 18 orphaned by AIDS increased from 345,000 in 1988 to 1.3 million in 2006, representing 24 percent of all the country's children (UNICEF, 2007). In 2006, four out of every five orphans in Zimbabwe had

lost one or both parents to HIV/AIDS. The traditional extended family and other support systems are overwhelmed by this situation. The majority of these children have no extended family networks to rely on following the death of their parents. The elderly have also been affected by the AIDS-related deaths of adult children who had previously supported them.

People living with HIV are particularly vulnerable to developing drug-resistant tuberculosis (TB) because of their increased susceptibility to infection and progression to active TB. Furthermore, TB is one of the main causes of death for people living with HIV. Zimbabwe has one of the highest TB incidence rates in the world, with an estimated 227 cases per 100,000 population in 2006, according to WHO. TB-HIV co-infection is also extremely high, and an estimated 43 percent of adult-incident TB patients are also HIV positive.

National Response

Zimbabwe used 13.7 percent of total government spending on health-related expenditures in 2007. Despite several economic challenges, Zimbabwe was the first country in the world to introduce a 3 percent levy on taxable income from all sectors to mitigate the impact of HIV/AIDS. Funds are channeled to NAC by the Ministry of Finance.

Through a consultative process, the Government of Zimbabwe has established a multisectoral response to the HIV/AIDS epidemic. Led by NAC, the partnership includes government ministries and departments, as well as the private sector, faith- and community-based organizations, support groups for people living with HIV/AIDS (PLWHA), the media, and international bilateral and multilateral development organizations.

In 2006, NAC adopted a five-year strategic plan. The overall goals of the plan are to reduce the spread of HIV, improve the quality of life of those infected and affected, and mitigate the socioeconomic impact of the epidemic. In order to achieve these goals, the following four main strategies have been agreed upon: HIV prevention to reduce the number of new infections, with a focus on behavior change promotion; increased access and utilization of treatment and care services; improved support for individuals, families, and communities, including orphans and other vulnerable children infected and affected by HIV/AIDS; and effective management and coordination of the national HIV/AIDS response, including resource mobilization.

The government's approach is an integrated one that includes prevention, care, support, and treatment. It emphasizes a multisectoral approach that includes promotion and protection of the human rights and dignity of PLWHA, an avoidance of stigma and discrimination, and recognition of the need for gender sensitivity and respect for the rights of children and young people. In 2002, Zimbabwe committed to an expanded effort to provide ART. Access to ART remains limited, however, because of insufficient financial and human resources. According to MOH, 100,000 patients received ART in 2007, out of 480,000 HIV-infected people in need of treatment.

In December 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved a second grant for Zimbabwe – an $87.9 million round-five grant covering all three diseases.

USAID Support

Through the U.S. Agency for International Development (USAID), the agency managed $19.8 million in essential HIV/AIDS programs and services for Zimbabwe in fiscal year 2008. USAID programs in Zimbabwe are implemented in partnership with the President's Emergency Plan for AIDS Relief, the largest commitment ever by any nation for an international health initiative dedicated to a single disease. To date, the U.S. has committed $18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of $15 billion over five years.

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of $39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

PEPFAR covers all regions in Zimbabwe and is organized around three main technical areas: strengthening and intensifying transformative systems for prevention, care, and treatment services; developing innovative, evidence-based program models and tools that will be expanded to national scale with leveraged resources; and developing technical and organizational capacity of indigenous organizations to scale up and sustain programs

USAID provides HIV/AIDS support to Zimbabwe both on a bilateral basis and through its Regional HIV/AIDS Program for Southern Africa. Through its bilateral program, USAID focuses on mitigating the pandemic through innovative activities to promote behavior change and reduce the stigma of AIDS. These activities include HIV/AIDS counseling and testing services, social marketing of condoms, integration of HIV/AIDS measures into existing family planning programs, strengthening the

capacity of civil society to formulate and advocate for improved HIV/AIDS policies, support for community responses to the needs of orphans and other vulnerable children, and support services for those living with HIV/AIDS. USAID supports efforts to prevent mother-to-child transmission of HIV and has begun to support the introduction of ART interventions.

Specific successes from USAID and PEPFAR assistance include:

- Establishment of 20 New Start counseling and testing centers, as well as mobile testing, that have reached approximately 1 million clients.
- Support to 40,000 ART patients.

Important Links and Contacts

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USAID HIV/AIDS Web site for Zimbabwe: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/zimbabwe.html

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids/

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